



California Automated Travel Expense Reimbursement System

ORF Reimbursement

The ORF Reimbursement form is required to process ORF reimbursement warrants. The ORF Reimbursement form identifies the department UCM organization code, department name, division or bureau name and mailing address. In the event the accounting office should relocate or the mailing address changes, an updated form is required to ensure that ORF reimbursement warrants are mailed to the correct address.

Requesting ORF Reimbursement Address Changes

Add (A) – Add is used to assign a new ORF reimbursement address to CalATERS.

Modify (M) – Modify is used to change an existing reimbursement address to CalATERS.

Delete (D) – Delete is used to remove an existing ORF reimbursement address to CalATERS.

Sample

Action (A,D)	UCM ORG Code	ORF ID	Department Name (50 Characters maximum)	Division/Bureau	Mailing Address
A	8415	N/A	State Controller's Office	Administration	1651 C Street Sacramento, CA 95814
M	8415	HP00	State Controller's Office	Administration	300 Capitol Mall Sacramento, CA 95814
D	8405	SH01	State Controller's Office	Administration	300 Capitol Mall Sacramento, CA 95814

ORF Reimbursement forms must be signed by an authorized department representative. Faxed forms will not be accepted. ORF Reimbursement forms will be processed within two business days after receipt of form.

Mail completed and signed form to the following:

State Controller's Office

Attn: CalATERS

Personnel/Payroll Services Division

300 Capitol Mall, Room 1019

Sacramento, CA 95814



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Action (A/M/D)	UCM ORG Code	ORF ID	Department Name (50 characters maximum)	Division /Bureau	Mailing Address

Authorized Department Representative	Date
Title	Phone Number
Email	Fax

Authorized department representative must have a signed Signature Authorization form on file with the Controller's Office.

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SCO USE ONLY

Task	Analyst	Completed Date
caldepartment.txt		
calorfid.txt		
TA Authorization Table		
Actuate Table		
CalSTARS		
SCO-Data Mgmt		
Department Notified		

ORF ID: _____